



Form Ref: IDU15/2018

Authorised Signatory Form

Section 1: Authorised Signatory Details

This signatory/signatories are nominated in accordance with your Security Instructions and have been made aware of section 21B (1) (A) of the Aviation Security Act 1982 / 1990 (as amended) and of the associated penalty at Section 21B (5). We, the Company, confirm that all references obtained in accordance with your Security Instructions, in respect of all employees for whom a full security pass is requested, are held by ourselves.

To the best of our knowledge, no employee of this company who holds a Belfast International Airport security pass has any unspent disqualifying convictions (as defined by the Department for Transport). We undertake to immediately remove an employee's Critical Part security pass, notify the pass office and return the pass for cancellation in the event that an employee is convicted of a disqualifying offence during the life of the airport pass.

Surname:	Forename:
Previous surname (if applicable):	Middle name(s):
Title: Mr / Mrs / Miss / Ms / other:	Position in Company:
Company Name	
Email Address:	Telephone number:
Specimen signature:	
Telephone number:	

GSAT Training Expiry Date.....	<input type="checkbox"/>
CRC Issue No Issue date	<input type="checkbox"/>

Authorised By (Pass Office Staff Print Name)	Signed	Date

Surname:	Forename:
Previous surname (if applicable):	Middle name(s):
Title: Mr / Mrs / Miss / Ms / other:	Position in Company:
Company Name:	
Email Address:	Telephone number:
Specimen signature:	
Telephone number:	

GSAT Training Expiry Date.....	<input type="checkbox"/>
CRC Issue No Issue date	<input type="checkbox"/>

Authorised By (Pass Office Staff Print Name)	Signed	Date

Surname:	Forename:
Previous surname (if applicable):	Middle name(s):
Title: Mr / Mrs / Miss / Ms / other:	Position in Company:
Company Name:	
Email Address:	Telephone number:
Specimen signature:	
Telephone number:	

GSAT Training Expiry Date.....	<input type="checkbox"/>
CRC Issue No Issue date	<input type="checkbox"/>

Authorised By (Pass Office Staff Print Name)	Signed	Date

Surname:	Forename:
Previous surname (if applicable):	Middle name(s):
Title: Mr / Mrs / Miss / Ms / other:	Position in Company:
Company Name:	
Email Address:	Telephone number:
Specimen signature:	
Telephone number:	

GSAT Training Expiry Date.....	<input type="checkbox"/>
CRC Issue No Issue date	<input type="checkbox"/>

Authorised By (Pass Office Staff Print Name)	Signed	Date

Section 2 - Company Details

I confirm that the nominated signature(s) above has been suitably trained to carry out their responsibilities as an Authorised signatory on behalf of this company in accordance with Department for Transport directives. I will advise Belfast International Airport I.D. Unit in writing of changes to the signatories when they occur.

Name:	Position in Company:
Company Address:	
Phone Number:	Email Address:
Print Name:	
Signature:	
Date:	

Authorised By (Pass Office Staff Print Name)	Signed	Date

FOR AUDIT USE ONLY WHERE APPLICABLE

Form Audited By	
Date	
Signed	